

1954

TAB

S-E-C-R-E-T

DISPOSITION OF CLASS NOTES

I do not wish to retain notes taken by me in the _____
(Title and number of course) . I understand that these
notes will be destroyed.

Date _____ (Signature) _____

I wish to retain the notes taken by me in the _____
(Title and number of course) . I certify that these notes will be
classified and handled in accordance with Agency security regulations
and will not be:

- a. Removed from Agency Headquarters, Washington, D. C.
- b. Used for instructional purposes.
- c. Shown to any person who has not completed the above course
or been granted constructive credit for such course.

It is understood that the Office of Training accepts no responsi-
bility for the authenticity or accuracy of substance of student prepared
notes.

Date _____ (Signature) _____

S-E-C-R-E-T

Notes Given to

25X1A9a

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